

"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Stuart L. Soled

U. S. Serial No. 10/054,228

Filed: November 13, 2001

IN SITU CATALYST REGENERATION/-
ACTIVATION PROCESS) Before the Examiner
) Jonas N. Strickland
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CENTRAL FAX CENTER
MAR 19 2004**OFFICIAL**Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

INTRODUCTORY COMMENTS

The Advisory Action of February 23, 2004 has been reviewed and applicants are submitting Remarks addressing the Examiner's statement therein. Applicants kindly ask that these Remarks be considered in connection with the Request for Reconsideration filed on January 22, 2004.

CERTIFICATION OF FACSIMILE TRANSMISSION		
I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-703-872-9311 on the date shown below.		
Jacqueline Wright Type or print name of person signing certification		3/19/04 Date



"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Stuart L. Soled) Before the Examiner
 U. S. Serial No.: 10/054,228 [400,100]) Jonas N. Strickland
 Filed: November 13, 2001)
 For: IN SITU CATALYST REGENERATION/-) Confirmation Number: 3753
 ACTIVATION PROCESS) Group Art Unit: 1754
) Family Number: P2001J067

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
 Commissioner for Patents facsimile number 1-703-872-9311 on the date shown below.

Jacqueline Wright

Jacqueline Wright

3/19/04

Type or print name of person signing certification

Signature

Date

Transmittal herewith is an Introductory Comment in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ _____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	*	Minus	**		x 18.00	
Indep. Claims	*	Minus	***		x 86.00	
MULTIPLE DEPENDENT CLAIM FEE						\$290.00
FEE FOR CLAIM CHANGES						

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Introductory Comment, including claim changes and any extension of time is calculated to be \$ _____.

Charge \$ _____ to Deposit Account No. 05-1330.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

*3/19/04**E. Bakun*

ATTORNEY OR AGENT OF RECORD

Estelle C. Bakun

Registration No. 35,054

 Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

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PATENT TRADEMARK OFFICE